Washington State Department of Health

# The Nursing Commission Newsletter

Volume 5, No.1 Spring 1999

## Contents



## Chair's Report

*By Joanna Boatman, RN*

It seems that change is our way of life and too often the practice is ahead of the regulation. It is good for us then to have your questions and that way we can be sure that we are on the right track in our efforts to continue to provide safe nursing practice and meet our mission. I thought the things that the Nursing Commission is working toward would be good information and perhaps help you to know what is new and what is changing.

- Moving towards Multi State Regulation
- Improvement and expansion of the Nursing Commission web site
- Issuing advisory opinions per your request and adding to the web site
- Researching continued competency
- Discipline issues around expanded areas of practice
- Discussions regarding conscious sedation
- Continued rules review and update (Includes amending and adding new rules)
- Joint statement with medicine and pharmacy regarding standing orders and protocols

We have recently had a Nursing Commission in-service on correctional facility practice, which was very helpful in understanding how things differ in this unique field. This kind of information helps us to do a better job of interpreting questions that we receive.

We are hoping to get practicing nurses to participate and add their expertise to any of these discussions and meet with the Sub Committees of the Nursing Commission. Please feel free to volunteer, we don't always know who to call or ask.

A new question we would appreciate some input on is whether or not a retired/active license category should be created. This would allow you to continue to receive newsletters, volunteer services on an intermittent basis and pay a reduced renewal fee.

See the article in this issue on how your license dollar is spent. We hope the information is useful to you.

Nursing regulation and health care issues are challenges. We appreciate your help and your questions so that the Nursing Commission can continue to do our job that will keep Washington in a leadership position in nursing and nursing regulation. ❖

## Executive Director's Corner

*By Paula Meyer, RN, MSN*

It is fascinating to watch our profession grow, change and develop. Some of those changes are painful and some are quite rewarding. Many of the changes facing nursing today are similar to issues facing the medical profession, pharmacists, dentists and consumers, to name a few. Each profession is trying to respond to the needs of our society for health care while at the same time define what is similar and what is unique to the profession. One of those challenges is telehealth. Some of the questions that have arisen are:

- What defines practice?
- What is the definition of telehealth?
- Where does the practice occur? Is it where the practitioner is located or where the patient/client is located?
- Does telehealth include the internet?
- If the practice occurs over state lines, what are the licensing requirements?
- If practitioners are licensed in more than one state, then are those practitioners held responsible for practicing within the laws of each of those states?

Many of these questions have been discussed at recent meetings of the Multi-State Recognition Task Force. The Multi-State Recognition Task Force has members from the Washington State Nurses Association, North West Organization of Nursing Executives, SEIU/1199, educators, insurance companies, and providers. The National Council of State Boards of Nursing has been very helpful in providing this group with information related to an interstate compact that considers these issues. Medicine and pharmacy have also been wrestling these issues and defining their practice limitations.

Our technology has assisted us in so many ways to help patients. That technology has also brought with it challenges of ethics, standards of practice, scope of practice and the laws defining practice. Our profession is self regulating, meaning that members of the profession define and support the profession. Through the rules public process, feedback is gathered from you, the practitioners to assist the Nursing Care Quality Assurance Commission in making decisions related to these issues. Sometimes there have been more questions than answers. Sometimes the lack of answers provides us with opportunity to define our own capabilities.

Joanna Boatman, Chair, Jeanne Giese, Nursing Practice and Discipline Manager, and myself attended the National Council of State Boards of Nursing Area I meeting in Denver. One of the topics for discussion will be telenursing. By attending this session, we will be able to gather information regarding this subject in states in the western region. Be looking forward to more information on this topic at upcoming commission meetings and in our newsletter. ❖

## Attention Employers

If you are considering employing an RN, LPN, NAR or NAC, you should ask to see her/his license prior to hiring. If you wish to check on the current status of their license, the license number is on their license form. With that number you can call the Automated Verification System at (360) 664-4111 to obtain current information on the status of their license.

If an applicant cannot show you a Washington license, they should not be practicing. Out of state licenses are not valid in Washington state. ❖

## Commission Members

Joanna Boatman, RN, Chair
Shirley Coleman Aikin, RN, MSN
Shannon Fitzgerald, RN, MSN, ARNP
Jeni Fung, Public Member
Becky Kerben, LPN, Co-Vice Chair
Frank Maziarski, CRNA, MS
Ron Morrison, MSW, Public Member
Rose-Marie Neumann, LPN
Cheryl Payseno, RN, MPA
Roberta Schott, LPN, Co-Vice Chair
Sandy Weeks, ARNP/LM ❖

# Y2K Issues

*By Paula R. Meyer, RN, MSN and Ian Moore*

What is this Y2K? In computers, equipment, household appliances, and medical equipment, there could be embedded computer chips that direct the equipment to act according to a date. The date information in much of the existing equipment was built on the two digit method: month, day, and year all have two digits. For example, March 22, 1999 would be 03/22/99. When the year changes to 2000, the date would then be 01/01/00. In many computer programs, 00 is read as the year 1900, not 2000. Therefore, if the computer is dependent on that date information, it would likely malfunction.

In March, 1999, all health care licensees of the state of Washington were mailed a letter explaining the Y2K issue and responsibilities. Many of you may have questions regarding the use of equipment. Please check with supervisory staff in your facilities about the equipment you may use. Such questions would be:

- Is all of the equipment that I use Y2K compatible and safe to use in patient care?
- Will all of the equipment that I use be fully functional and reliable? For example, feeding pumps, IV infusion pumps, respirators, cardiac monitoring systems, etc.
- Who is responsible for Y2K questions in my facility?

For those of you who do not work in facilities, please review all of your equipment procedures soon. You may wish to speak with manufacturers to make sure that your equipment is safe and reliable in patient care.

At the Department of Health, the Nursing Commission section has been mindful of the Y2K issue as well. We are currently undergoing a computer upgrade to make sure that the licensing system and the telephone system will be operational in the years to come. We are also working with the testing/examination companies to assure reliability in our systems. We are identifying areas that may be problematic and contacting vendors for assurance that we can continue to serve you as well in the next century as we have in the past. We will appreciate your feedback and questions with Y2K concerns.

**HCFA update:**

As part of its continuing efforts to help doctors, hospitals, laboratories, HMOs and other health care plans and providers prepare their computer systems for the year 2000, the Health Care Financing Administration has launched a new toll-free telephone line, 1-800-958-HCFA (1-800-958-4232).

"We are doing what we can to help the people and institutions that deliver health care services get ready for the Year 2000," HCFA Administrator Nancy-Ann DeParle said "While HCFA is responsible for the financing of health care for our beneficiaries, continuity of care depends on far more than our own Medicare payment systems. It depends on doctors, hospitals, plans and other service providers making sure that their equipment will work, so that they can be paid and medical records will be properly handled."

"While most providers are aware of the challenge, there are still many who have to take action to prepare their computer systems for the Year 2000," DeParle said. "That is why we are taking our role seriously to help them prepare for the millenium."

In order to increase Y2K awareness, HCFAs administrator, Nancy-Ann DeParle, took the unprecedented step in January of mailing 1.25 million letters to health care providers across the United States. HCFA has also posted materials about Y2K readiness, including a provider checklist, on the agency's WEB site, http://www.medicare.gov/y2k. HCFA is the federal agency that administers Medicare and Medicaid.

Callers to 1-800-958-HCFA will be able to get answers to Y2K questions that relate to medical supplies, their facilities and business operations as well as referrals for more specific billing assistance to help callers prepare their own computer systems for the millenium.

"HCFAs foremost concern has been, and continues to be, assuring that our more than 70 million Medicare and Medicaid beneficiaries continue to receive the health care services they need," DeParle said. "That is why we are addressing the Year 2000 issues in our systems while engaging in an unprecedented effort to raise awareness and provide information to states and private sector individuals and organizations that serve them." v

# Legislative Update

*By Paula R. Meyer, RN, MSN*

1999 has been a busy session for nursing. Nurse delegation, ARNP prescriptive authority, student health issues, self directed care, and long term care issues kept nursing in the forefront of activities.

**Nurse Delegation**

The University of Washington study on Nurse Delegation was presented to the legislature in February, 1999. A few of the positives reported from the study were:

- Patients felt that they were receiving better care as a result of nurse delegation
- RN involvement in care planning increased,
- Nursing assistant preparation was improved with greater flexibility, more training, and timeliness of the training,
- Medication administration improved,
- Patients felt they were able to "age in place" and move to settings that provided a higher level of care were not always necessary.

**Long term care:**

In addition to nurse delegation, work was continued on long term care, Senate Bill 6544. This bill provided caregiver training in adult family homes, facilities for the developmentally disabled, and licensed boarding homes. Training issues, access to classes, and matching the course content with nursing assistant training were considered. Representatives from these care settings, the Department of Social and Health Services (DSHS), and the Nursing Commission held in a series of meetings to address these areas. There will be continued work in this area over the next year to address needs.

**Student health:**

- Issues related to student health have been targeted in many bills that include:
  - Definition of who can write prescriptions for school age children,
  - Who can receive training and supervision from a school nurse, and
  - Actions school employees, who are not nurses, may take when they are delivering care to students and they don't feel comfortable delivering the degree of care necessary.
- Personnel needs to deliver student health in grades K-12.

**ARNP:**

ARNPs continued their quest for expanded prescriptive authority in Washington State. At the point of publishing this article, the bill read that expanding the ability to prescribe medications to schedule II-IV drugs could take place if the ARNP was in a joint practice with a medical doctor or doctor of osteopathy. The dispensing of these drugs from an ARNP's prescription would be limited to a 72 hour supply. This bill would require new rules to be developed and considerable work among the ARNPs, the Medical Commission, and Doctors of Osteopathy.

**Surgical Technologists:**

Bills that would require registration for all surgical technologists in the state were introduced. During 1997, there was a sunrise study supporting registration of surgical technologists. Legislation had passed both houses, and agreement on the definition and limitations of surgical technologists was being sought.

**Self directed care:**

Self directed care was another topic of interest. Items proposed in the bill were:

- A registry of personal care aides for people caring for people with functional disabilities through Department of Social and Health Services
- The type of activities that can be performed, and
- Recognition in nursing assistant, certified, programs of caregiver training that is the same.

Be on the lookout for the final outcomes of these bills. Any one of them or all of them may have an effect on the manner in which you practice nursing. You may obtain a copy of any legislative bill by contacting the Code Reviser Office at (360) 753-6804 or through their WEB site at: http://slc.leg.wa.gov/default.htm ❖

## NCLEX Item Writers And Reviewers Needed

Once again we are calling upon our readers for assistance. Item writers and item reviewers are needed for both the RN and PN exams. Because of the computerized delivery of the examination, a larger test bank is required. It is important to all of us to have our area represented in the process.

Qualifications for item writer panel members include: (1) be recommended by the Nursing Commission (recommendation is secured by the National Council); (2) be an RN with a Master's degree (for NCLEX-RN) or be an RN or LPN (for NCLEX-PN; (3) be responsible for teaching basic/undergraduate students in the clinical area; and (4) have knowledge of entry-level nursing practice.

Qualifications for item reviewer panel members include: (1) be recommended by the Nursing Commission (recommendation is secured by the National Council); (2) be an RN (for NCLEX-RN) or an RN or LPN (for NCLEX-PN); and (3) be employed in clinical nursing practice and work directly with nurses who have entered practice in the past 12 months.

As participants in either of these processes, you would have the opportunity to attend a 3-5 day workshop with all related expenses paid by the test service. At these workshops you would have the opportunity to meet your counterparts from other areas of the country. Continuing education units are offered. For further information you may access the National Council web site at http://www.ncsbn.org or you may call the National Council at (312) 787-6555, ext. 496. The mailing address of the Council is:

National Council of State Boards of Nursing, 676 N. St. Clair Street, Suite 550, Chicago, Illinois, 60611-2921.

The Nursing Commission extends a sincere thank you to all of the following individuals who have participated as item writers or item reviewers during the year 1998:

| **Item Writers:** | **Item Reviewers:** |
|---|---|
| Irene Riddell | Lyla M. Specht |
| Laura Krienke Hahn | Ora M. Roberts |
| Regina Nailon | Rebecca Ward |
| Lori Candela | Mike Krashin |
| Kathy Mauser | |
| Carolyn Nelson | |
| Malia Haglund (November 1997) | |
| Sandra Liming (alternate) ❖ | |

## News Briefs: School Approvals

During the 1998 calendar year, a number of nursing programs were visited for the purpose of determining if the schools were continuing to meet the standards established by the Nursing Commission. The visits are conducted after the school has submitted an in depth self study report to the Nursing Commission. These visits ranged from one day to three day visits. During the site survey many strengths were identified at the schools and areas of recommendation were noted and shared with the faculties and coordinators. The following schools were granted eight year approvals after the reports of the visit and the self studies of the various schools were reviewed:

North Seattle Community College (Practical Nurse Program)

Skagit Valley College (Associate Degree and Practical Nurse)

Walla Walla Community College (Associate Degree and Practical Nurse)

Grays Harbor College (Associate Degree and Practical Nurse Programs)

Green River Community (Practical Nurse Program)

Highline Community College (Associate Degree)

Lower Columbia College (Associate Degree and Practical Nurse)

Clover Park Technical College (Practical Nurse) ❖

# Rules Update

Following is a listing of rules that are in the process of being developed, ready for public rules hearing or rules writing process. At the end of the article is information on how you can receive a copy of any of these rules or be added to the interested persons mailing list to receive all future rules mailings.

**Advanced Registered Nurse Practitioners:**

The roundtable meetings and the initial rule writing workshop have been completed. The public rules hearing will be held in the Fall, 1999.

The rules which are being amended are: New WAC 246-840-299 Definitions; Amending the following: WAC 246-840-300 Advanced registered nurse practitioner; WAC 246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure; WAC 246-840-310 Use of nomenclature; WAC 246-840-320 Certification and certification program; WAC 246-840-330 Commission approval of certification programs; WAC 246-840-340 Application requirements for ARNP; WAC 246-840-345 ARNP designation in more than one area of specialty; WAC 246-840-360 Renewal of ARNP designation; WAC 246-840-410 Application requirements for ARNP with prescriptive authority.

**Mandatory Reporting:**

This rule was identified during the rules review process as needing amendment to be more clear and understandable. Two public rules writing workshops were held to solicit input. A public hearing will be held in the Fall, 1999.

**Sexual Misconduct Prohibited:**

A public rules hearing was held January 8, 1999 and the rule went into effect February 28, 1999. Following is the entire adopted text.

**WAC 246-840-740 SEXUAL MISCONDUCT PROHIBITED.**

(1) **What is the nursing commission's intent in prohibiting this type of misconduct?** Sexual or romantic conduct with a client or the client's family is serious misconduct because it harms the nurse/client relationship and interferes with the safe and effective delivery of nursing services. A nurse does not need to be "assigned" to the client in order for the nurse/client relationship to exist. The role of the nurse in the nurse/client relationship places the nurse in the more powerful position and the nurse must not abuse this power. Under certain circumstances, the nurse/client relationship continues beyond the termination of nursing services. Not only does sexual or romantic misconduct violate the trust and confidence held by health care clients towards nursing staff, but it also undermines public confidence in nursing. Nurses can take measures to avoid allegations of such misconduct by establishing and maintaining professional boundaries in dealing with their clients.

(2) **What conduct is prohibited?** Nurses shall never engage, or attempt to engage, in sexual or romantic conduct with clients, or a client's immediate family members or significant others. Such conduct does not have to involve sexual contact. It includes behaviors or expressions of a sexual or intimately romantic nature. Sexual or romantic conduct is prohibited whether or not the client, family member or significant other initiates or consents to the conduct. Such conduct is also prohibited between a nursing educator and student.

Regardless of the existence of a nurse/client relationship, nurses shall never use patient information derived through their role as a health care provider to attempt to contact a patient in pursuit of a nurse's own sexual or romantic interests or for any other purpose other than legitimate health care.

(3) **What should a nurse do to avoid allegations of sexual or romantic misconduct?** Establishing and maintaining professional boundaries is critical to avoiding even the appearance of sexual or romantic misconduct. Nurses can take certain preventative steps to make sure safeguards are in place at all times, such as:

(a) Setting appropriate boundaries with patients, physically and verbally, at the outset of professional relationships, and documenting such actions and the basis for such actions;

(b) Consulting with supervisors regarding difficulties in establishing and maintaining professional boundaries with a given client; and/or

(c) Seeking reassignment to avoid incurring a violation of these rules.

(4) **What about former clients?** A nurse shall not engage or attempt to engage a former client, or former client's immediate family member or significant other, in sexual or romantic conduct if such conduct would constitute abuse of the nurse/client relationship. The nurse/client relationship is abused when a nurse uses and/or benefits from the nurse's professional status and the vulnerability of a client due to the client's condition or status as a patient.

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# Rules Update

*(Continued From Page 6)*

(a) Due to the unique vulnerability of mental health and chemical dependency clients, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former clients, or their immediate family or significant other, for a period of at least two years after termination of nursing services. After two years, sexual or romantic conduct may be permitted with a former mental health or chemical dependency client, but only if the conduct would not constitute abuse of the nurse/client relationship.

(b) Factors which the commission may consider in determining whether there was abuse of the nurse/client relationship include, but are not limited to:

(i) The amount of time that has passed since nursing services were terminated;

(ii) The nature and duration of the nurse/client relationship, the extent to which there exists an ongoing nurse/client relationship following the termination of services, and whether the client is reasonably anticipated to become a client of the nurse in the future;

(iii) The circumstances of the cessation or termination of the nurse/client relationship;

(iv) The former client's personal history;

(v) The former client's current or past mental status, and whether the client has been the recipient of mental health services;

(vi) The likelihood of an adverse impact on the former client and others;

(vii) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct;

(viii) Where the conduct is with a client's immediate family member or significant other, whether such a person is vulnerable to being induced into such relationship due to the condition or treatment of the client or the overall circumstances.

(5) **Are there situations where these rules do not apply?** These rules do not prohibit:

(a) The provision of nursing services on an urgent, unforeseen basis where circumstances will not allow a nurse to obtain reassignment or make an appropriate referral;

(b) The provision of nursing services to a spouse, or family member, or any other person who is in a preexisting, established relationship with the nurse where no evidence of abuse of the nurse/client relationship exists.

**Changing Renewal Cycle:**

A public rules hearing will be held October 1, 1999 at the Airport Ramada, Spokane International Airport, Spokane, WA 99219. The proposal is to change the renewal cycle from annual to every two years for Registered Nurses through a two-year phase in period. The renewal cycle for Practical Nurses is not proposed to be changed.

**Practicing Under the Influence:**

This has been identified as a topic in which a rule should be written. Public rules writing forums will be planned for Summer, 1999. Those on the interested persons mailing list will receive a copy of the notice when it is developed.

**Documents Which Indicate Authorization to Practice:**

WAC 246-840-020 was identified during the rules review process as needing amendment. A public rules hearing was held April 9, 1999. The amendments will go into effect 31 days after filing of the CR103 form.

**Licensing Rules:**

Three rules were identified during the rules review process as needing amendment: WAC 246-840-050 Licensing Examination; WAC 246-840-070 Failures-Repeal Examination; and WAC 246-840-090 Licensure by Interstate Endorsement. A public rules hearing will be held May 21, 1999 at the Lacey Community Center, 6729 Pacific Avenue S.E., Lacey, Washington. The amendments will go into effect 31 days after filing the CR103 form.

**Practice Standards:**

Four rules were identified during the rules review process as needing amendment: WAC 246-840-700 Standards of nursing conduct or practice; WAC 246-840-705 Functions of a licensed practical nurse; WAC 246-840-710 Violations of standards of nursing conduct or practice; and WAC 246-840-715 Standards/ competencies. Two rules writing workshop were held on December 11, 1998 and March 3, 1999. A third workshop notice will be mailed to those persons who are on the interested persons mailing list. A public rules hearing will be scheduled in the Fall, 1999.

**Definitions:**

Three rules were identified during a rules review process as needing amendment: WAC 246-840-010 Definitions; WAC 246-840-760 Terms used in WAC

*(Continued on Page 8)*

# Rules Upate

*(Continued from Page 7)*

246-840-750 through 246-840-780; and WAC 246-840-920 Definitions. A rules writing workshop will be held this summer to draft amendments to these three rules.

**Retired/Active Status:**

Upon requests made to the Nursing Commission a rules writing workshop will be held this summer to write a rule creating a new retired/active status. If a rule were developed it would allow an RN or LPN to practice only in emergent or intermittent circumstances and hold a retired license at a reduced fee.

**Conscious Sedation:**

As a result of numerous requests for advisory opinions regarding conscious sedation the Nursing Commission will begin public meetings to discuss whether rules should be developed. Discussions will include definitions, current practice standards, medications, levels of training and preparation necessary prior to performing the procedures and ongoing quality assurance measures. Public rules writing workshops will be announced to those persons on the interested persons mailing list.

**How to Receive a Copy**

If you would like to receive a copy of any of the rules in process, write to:

Department of Health
Nursing Programs/Rules
P.O. Box 47864
Olympia, WA 98504

or FAX a request to (360) 236-4738.

If you would like to be added to the interested persons mailing list to receive all future rules notices please write or FAX your request to the above address and FAX line. ❖

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# Washington State Nursing Commission Vacancies

*By Kris McLaughlin*

June 30 of each year positions become available on the Nursing Commission. This year we are still seeking to fill the LPN member position which expired 6/30/98. There will also be vacancies for an RN position and a Public member position which will become available June 30,1999.

All Commission positions are appointed by the Governor and are four year terms. You must be a citizen of the U.S. and a resident of Washington State. The RN and LPN require current licensure in the appropriate profession, have at least five years' experience in the active practice of nursing and have been engaged in that practice within two years of the appointment. The Public Member position requires that the person not be a member of any other health care licensing board or commission or have fiduciary or financial interest or obligation to a health care service or facility. More information regarding the requirements for these positions can be found under section 18.79.070 RCW. If you are interested in any one of these positions, you can contact the Nursing Commission office at (360) 236-4713 and staff will be happy to send you an application and answer any questions.

| Commission Member | Term Expiration Date |
|---|---|
| Joanna Boatman, RN, Chair | 6/30/99 |
| Cheryl Payseno, RN, MPA, Vice Chair | 6/30/00 |
| Roberta Schott, LPN, Vice Chair | 6/30/01 |
| Shirley Coleman Aikin, RN, MSN | 6/30/02 |
| Shannon Fitzgerald, RN, MSN, ARNP | 6/30/02 |
| Jeni K. Fung, Public member | 6/30/00 |
| Becky Kerben, LPN | 6/30/00 |
| Frank Maziarski, RN, CRNA, MS | 6/30/01 |
| Ron Morrison, MSW, Public Member | 6/30/99 |
| Rose Marie Neumann, LPN | 6/30/98 |
| Sandy Weeks, ARNP/LM | 6/30/02 |

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# Conscious Sedation, What Is It?

*By Frank T. Maziarski, CRNA, MS*

Recent advances in technology, pharmacology, surgical and diagnostic procedures have provided a safer environment for patient care. Procedures, which once required admission to a hospital and its operating room facilities, can now be safely performed in a clinic or office setting. Researchers predict that by the year 2000, approximately 70% of patient care will be provided in alternative settings such as physician's offices or freestanding facilities.

One factor in the escalating use of outpatient surgical and diagnostic procedures is the comfort provided patients using conscious sedation. The main advantages of conscious sedation are the patients' rapid recovery from sedation, early ambulation and quicker discharge, than patients receiving general anesthesia. The demand for registered nurses (RN) to participate in the administration of conscious sedation and to monitor patients receiving it has increased dramatically. Consequently, registered nurses (RN) have become very concerned about scope of practice issues related to conscious sedation protocols being developed in their institutions.

In an effort to provide guidance to registered nurses (RN) and to ensure patient safety, standards related to the administration of conscious sedation have been published by a number of professional nursing organizations and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

What is of absolute importance is the complete and accurate understanding of the definition of "conscious sedation", allowing insight to the role of the registered nurse in this procedure.

The accepted definition of conscious sedation is, a medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patients ability to maintain a patent airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command.

Conscious sedation is administered as an adjunct to an adequate local anesthetic, it is provided to make the patient more comfortable, provide anxiolysis and mild amnesia of the surgical or diagnostic procedure. Conscious sedation is "not" used to depress a patient's response to the discomfort of an inadequate local anesthetic.

A patient who exhibits a state of unconsciousness, from which he/she can not be easily aroused is accompanied by a partial or complete loss of protective reflexes including an inability to maintain a patent airway and who does not purposely respond to physical or verbal stimulation is defined as deeply sedated.

Codes 99141 and 99142 in Current Procedural Terminology describes conscious sedation as involving an individual, directed by the physician performing the procedure, administering medication and monitoring the patient with the intent that the patient remain conscious and able to communicate during the procedure.

A registered nurse (RN) administering narcotics, sedatives and anxiolytic drugs to induce conscious sedation must be careful not to produce a state of deep sedation or general anesthesia and risk patient injury.

The care of patients needing general anesthesia or deep sedation requires the advanced level of skill and training consistent with an anesthesia care provider.

The Nursing Commission has organized a workgroup to review the standards for registered nurses performing conscious sedation and will address the issues surrounding administration of anesthetic agents by nurses in select critical care settings. The Commission plans to conduct an educational forum related to conscious sedation through the Washington Interactive Television Network in the fall of 1999.

Registered nurses (RN), who have a question regarding their role and scope of practice in administering conscious sedation, should request an Advisory Opinion by the Nursing Commission.

Advisory Opinion forms may by obtained by calling the Practice and Discipline Office at (360) 236-4725 or (360) 236-4728. ❖

# ARNP Corner:

*By Shannon Fitzgerald, RN, MSN, ARNP and Frank Maziarski, CRNA, MS, ARNP*

Q&A

**Question:** I am a family nurse practitioner in my first year of practice and am wondering how I can determine my scope of practice? May I see patients who have complex medical problems independently?

**Answer:** In Washington state, ARNP practice is built on the nursing process: assessment, nursing diagnosis, planning, intervention, and evaluation. ARNP practice differs from RN practice because ARNPs, through advanced education, may include the diagnosis of illness and physical conditions, the performance of therapeutic measures, and the prescription of treatments and medications. Current ARNP WACs (rules) state that ARNPs function within the nationally recognized scope of practice statements respective to the various ARNP specialties. These statements are broad and do not list certain diagnoses, types of patients, or kinds of procedures nurse practitioners can perform. Similarly, tasks and procedures registered nurses might perform are not listed in state law, since nursing practice changes regularly, and rules and regulations should not limit the functions of licensed professionals unnecessarily.

In general, each ARNP should be aware of his or her own practice strengths and abilities. Through the history and physical assessment process, you should be able to determine whether or not the care to be delivered is within the scope of your ability. You should be able to manage the likely outcomes of treatments or therapies you may initiate. If the person with a complex medical history has a problem which you can identify and manage safely, your job is to provide that care and to document your work. If the patient's needs and problems are beyond your clinical expertise, the patient should be referred elsewhere. Each ARNP and each RN is always accountable for his or her own clinical practice.

The advanced practice subcommittee of the Nursing Commission recommends that each ARNP maintain a file or portfolio to document clinical skills new procedures. For instance, if an FNP wants to include endometrial biopsy as one of the services he or she provides, records should be maintained about the steps taken to learn the skill. Courses attended, readings completed, and the numbers and outcomes of supervised procedures should be included, and a file could be maintained to include documentation of ongoing clinical competence.

**Question:** I have read several advisory opinions issued by the Nursing Commission, in response to questions submitted by nurses. How can I, as a nurse interpret them in relation to my own nursing practice?

**Answer:** The Nursing Commission issues advisory opinions in response to questions about the authority of various categories of nurses and nursing assistants to perform particular tasks.

When the Commission receives an advisory opinion questionnaire, it is referred to a subcommittee of the Commission. The subcommittee then researches the question using " The Law Relating to Nursing Care" 18.79 RCW, as published , March, 1998.

It may also consult with other health care practitioners to assist in developing its response. The opinion issued by the Nursing Commission, is advisory in nature and is intended as technical assistance and a guide to the requesting party. A nurse in a similar situation, under the same circumstances, within similar practice parameters, could use the opinion as a guide. Or the nurse could use the opinion as the basis to formulate a new question to further clarify her/his own practice setting.

The advisory opinions issued by the Commission should be interpreted as technical assistance to the nurse submitting the question and should not be seen as a declaratory ruling or regulation.

**Question:** My job requires that I verify the licensee and/or certification of RNs, LPNs, ARNPs and other health care providers. What office or person can I call to get a quick response to my request regarding licensing, etc.?

**Answer:** The Nursing Commission can answer your questions regarding RNs, LPNs, ARNPs and Nursing Assistants (NA). You can call the office of licensing and education at (360) 236-4708/ 4703/ 4706 /4712.

Or you may call the Automated Verification Service at (360) 586-4561 and request their pamphlet which will allow you to request information regarding licensure, certification or any disciplinary actions of all health care providers. The Automated Verification Service allows you to use a telephone dial-in or computer modem to, access information. The pamphlet provides the necessary prefix letter characters for each profession and allows you to access the information regarding a licensee. ❖

# How To Minimize Chances Of Complaint/ Discipline Against My License

*By Jeanne Giese, RN, MN*

The Washington State Nursing Care Quality Assurance Commission received over 800 complaints during 1998 against nurses licensed in Washington State. This number includes registered nurses, licensed practical nurses and advanced registered nurse practitioners. The Nursing Commission's purpose, as stated in RCW 18.79.010, is to regulate the competency and quality of nurses. Under RCW 18.130.050, the Nursing Commission has authority to investigate complaints or reports of unprofessional conduct and take disciplinary action, if necessary.

**What are the most frequently reported complaints against nurses ?**

A recent, informal survey of the types of complaints received in the Nursing Commission office over the last six months revealed the following information. The most frequently reported complaints are:

- Diversion of controlled substances/fraudulent prescriptions/use of illegal substances/drug trafficking
- Patient abuse including verbal, physical, sexual and boundary violations
- Failure to intervene/act or provide patient care in a timely manner, including failure to initiate CPR on a full code status patient
- Medication administration errors to include omission errors and documentation errors which resulted in serious harm or death or placed patients at risk of serious harm
- Documented pattern of practice errors
- Scope of practice violations
- Failure to assess
- Failure to delegate appropriately or delegation beyond the scope
- Failure to supervise

**How to minimize the chance of being reported to the Nursing Commission?**

One of the most effective ways to protect your nursing license is to be proactive in your practice. Some common tips include:

- Keep clinical skills current to include patient assessment, delegation and supervision
- Stay updated on standards of practice; attend continuing education courses/classes/facility-employer in-services/read professional journals/ consult the internet
- Complete and keep a copy of your orientation checklist; review it on an annual basis; follow up on direction and advice provided in performance evaluations from employers
- Know and understand your job description/keep a copy
- Know your scope of accountability: for what? to whom? patients, employers, co-workers, Nursing Commission
- Understand delegation: roles, accountability, scope of practice to include both delegator as well as delegatee
- Document in a timely, legal and thorough manner
- Know your scope of practice and those of your co-workers
- Communication skills need constant monitoring for professionalism and TLC
- Know your patients and their needs; they depend on you; read and update patient care plans
- Keep controlled substances secured; take the task of medication administration seriously; follow facility/employer policies and procedures; know facility standards of practice
- Know and understand facility/employer policies and procedures for patient care
- Seek help for addiction disorders before your nursing practice is affected; learn about the Commission endorsed monitoring program (The Washington Health Professional Services Program) for impaired nurses
- Seek advice or clarification when an assignment makes you feel "uncomfortable"; when in doubt, ask don't guess
- Read, know and understand the regulations that define WA State nursing practice;

  Resources available:
  The Nursing Lawbook
  Nursing Commission Newsletters
  Consultation with Nursing Commission staff

Please remember you are legally accountable under your nursing license for the care you provide to your patients. ❖

# Disbursement of Licensing Fees

*By Terry J. West and Joan Reilly, RN, Ed.D.*

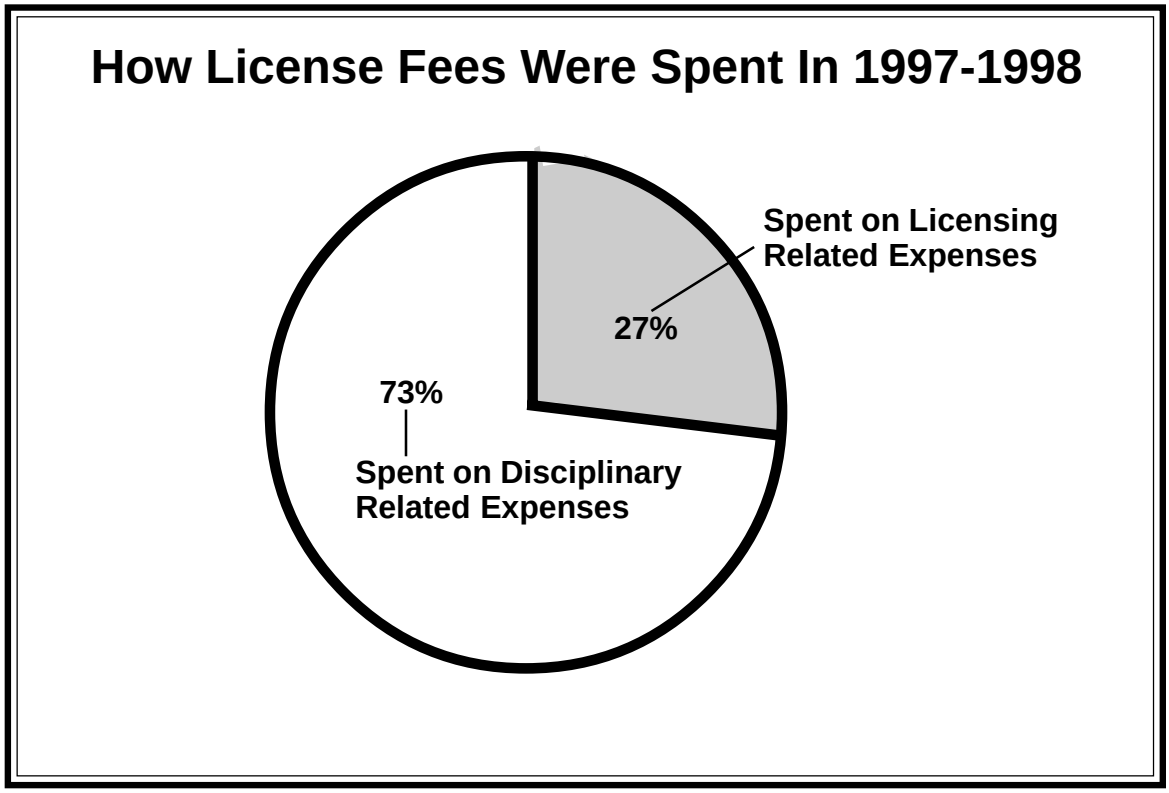
Questions are frequently asked by licensees regarding the licensing fees. “Why are fees so high? Why don’t taxes cover the cost of business? How is the money from fees spent?” are but a few of the queries that come to the attention of the office staff. We will try to provide information that will answer the majority of the questions you may have and let you know that your hard earned money is not being squandered.

The Health Professionals Quality Assurance Division (professional licensing) does not receive any funds from the General Fund. The Nursing Commission is a part of this division. ALL activities and services must be paid for from the license fees for the profession. This means that the amount of money that comes from the licensure fees must be adequate to carry out the business of the Nursing Unit.

Some of the costs of doing business include printing of nursing law books, newsletters, application forms and special mailings. Telephone, postage, office space rental and utilities are expenses that also must be paid. Maintenance of licensure files is another expensive item. Any legal advice received from the Attorney General Office must be paid for from our budget allotment. All services that are provided to us by other state agencies must be paid for by the Nursing Unit. Free services between agencies is not a possibility.

The disciplinary process is a costly, but necessary function of the Nursing Commission. Because the mission of the Nursing Commission is to protect the health care consumer and promote health in the state, it is incumbent upon all in the profession to assure that those individuals licensed as practical or registered nurses are meeting the minimum standards of care.

The next several charts illustrate how the revenue is collected through the various fees, the percentage of fees that are used for licensing and disciplinary costs, and the major areas of expenses for each.

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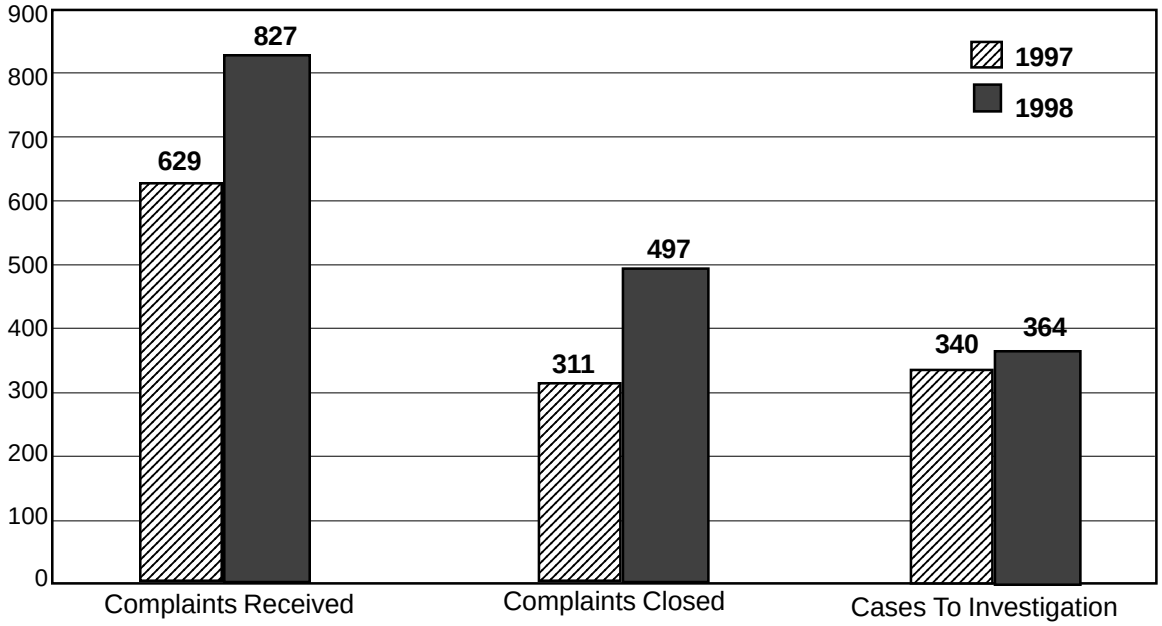
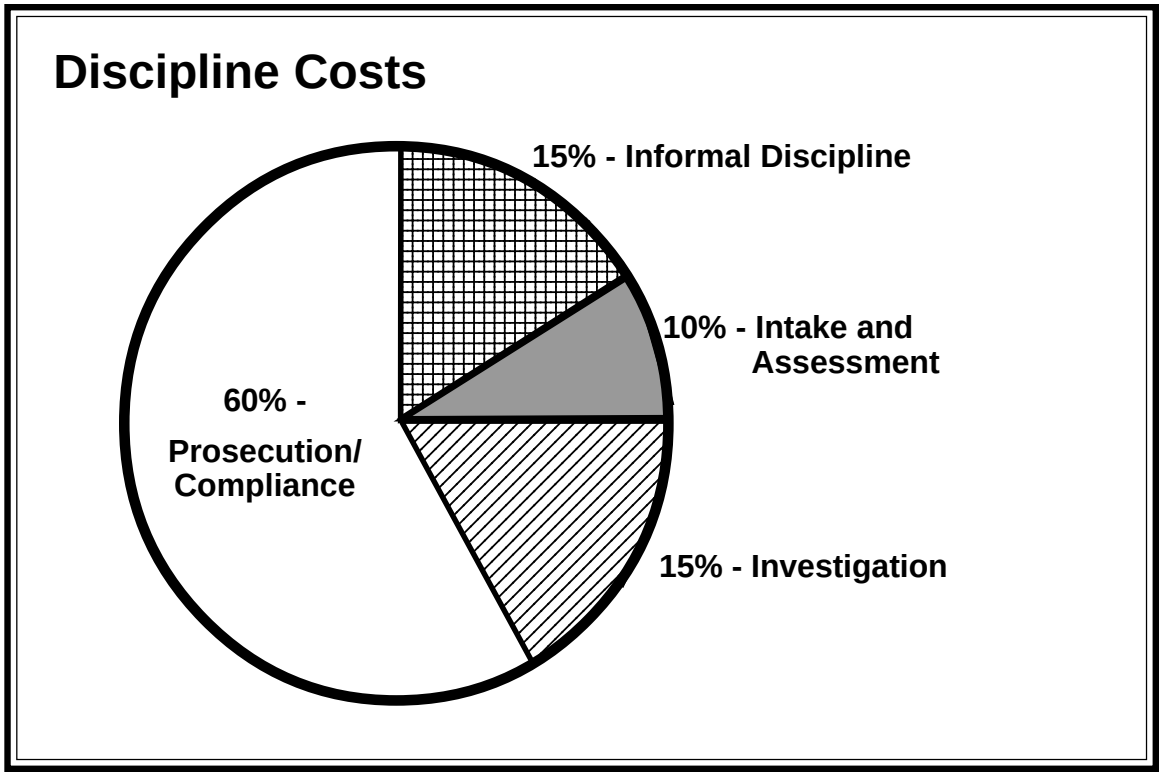
## Disbursement of Licensing Fees

*(Continued from Page 12)*

## Disciplinary Complaints for 1997-1998




**Informal Discipline:**

Stipulations to Informal Disposition are agreements between the licensee and the Nursing Commission. The agreement may include courses, supervision or some other remedial action. The agreement is not reported to the press or the National Data Bank.

**Intake And Assessment:**

This includes reviewing and assessing each complaint letter that is received. File management, maintenance, letter writing and telephoning is included.

*(Continued on Page 14)*

## Disbursement of Licensing Fees

*(Continued from Page 13)*

**Investigations:**

A trained team of nurses conducts thorough investigations. Their investigation may involve telephone calls, file reviews or in-person interviews. Once the evidence has been gathered the investigation file is sent to a Reviewing Commission member to determine whether the evidence warrants charges (formal or informal disciplinary action).

**Prosecution/Compliance:**

Prosecution is formal disciplinary action that cannot be settled outside of a hearing. Sanctions include revocation, suspension, fines, monitoring or course work. Final orders are distributed to the National data bank and issued as a press release. Compliance is the process to monitor that licensees comply with all sanctions listed in the final order to ensure that the public is protected. ❖

## How Are Fees Used?

There are several different kinds of fees that are assessed: renewals, applications, late renewals, inactive licenses, duplicate licenses and license verifications. There are 695 inactive registered nurses, 59,276 active registered nurses, 429 inactive LPNs and 13,998 active LPNs.

The following chart illustrates what percentage of revenue is received from the different fee categories.

Of the revenue earned from the different fees, 27% of these funds are used for licensing related activities and 73% are used for disciplinary related activities.

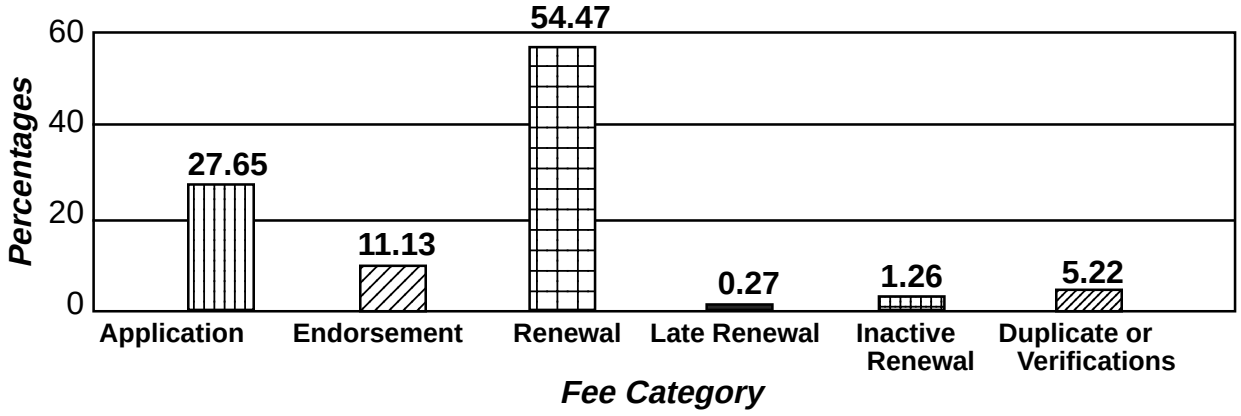
Licensing related activities include some of the following:

- Newsletters
- Renewal notices
- Renewed licenses
- Licensing staff to process all applications, forms, verifications
- Commission members to provide advisory opinions, answer questions
- Develop rules that are clear and concise
- Investigating applications when an applicant indicates that they have been convicted of some criminal act.

The licensing staff is busy processing applications, application packets, telephone calls and issuing licenses. Following is the volume of each transaction for 1998.

| | |
|---|---|
| Applications mailed | 9000 |
| Applications received | 5,105 |
| New licenses issued | 4,288 |
| Renewal notices mailed | 74,940 |
| Renewals processed | 72,020 |
| Telephone calls daily | 485 |
| Telephone calls yearly | 25,220 |
| Counter customers served | 8,500 |

### Percentages Of Revenue From License Fees

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## How Are Fees Used?

*(Continued from Page 14)*

**Complaints**

Complaint letters are sent in by patients, patient's family members, other nurses, facilities or employees. Complaints range from rudeness, faulty procedures, drug diversion or death.

**Complaints closed**

A weekly case management meeting is held to review every complaint. Case management includes several Nursing Commission members, Investigators and a Practice Manager. Each complaint is reviewed to determine whether an investigation is necessary or whether the complaint rises to the standard of needing further review. The majority of complaints are closed during case management as below threshold. Threshold is a determination made that some types of complaints may be poor practice but do not rise to the level of needing disciplinary action.

**Investigations**

A trained team of nurses conducts thorough investigations. Their investigation may involve telephone calls, file reviews or in-person interviews. Once the evidence has been gathered the investigation file is sent to a Reviewing Commission member to determine whether the evidence warrants charges (formal or informal disciplinary action).

**STIDs**

Stipulation to Informal Disposition is used as informal action to resolve a complaint. The licensee agrees with whatever remedial action the Nursing Commission deems appropriate for the filed complaint and evidence. STIDs are not reported to the National data bank.

**Final Order**

Final orders are formal disciplinary action resulting from either a disciplinary hearing or an agreement from the licensee. Sanctions include revocation, suspension, fines, monitoring or course work. Final orders are distributed to the National data bank and issued as a press release. ❖

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## Future Newsletter Articles

The Nursing Commission strives to provide a useful and informational newsletter that addresses concerns of both applicants and licensees. We would appreciate hearing from you on any ideas you may have for future articles, topics or themes. Send your ideas by FAX to (360) 236-4738, by e-mail: **tjw1303@hub.doh.wa.gov** or mail to Department of Health, Nursing Commission, P.O. Box 47864, Olympia, WA 98504. ❖

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## Web Page Now Available

The Department of Health has developed WEB pages for almost all of the health professions boards and commissions. The Internet address for the Department of Health is: **www.doh.wa.gov/about/about.htm#HSQA.** The Internet address for the Nursing Care Quality Assurance Commission webpages is:. **www.doh.wa.gov/hsqa/hpqad/nursing/default.htm.** Webpage information that is currently available:

- Mission Statement/goals & objectives
- Nursing Commission information
- Meeting Schedule for the upcoming year
- Fee Schedule
- Staff Roster/ main contact
- RCWs relating to the nursing profession
- WACs relating to the nursingprofession
- Comments or questions

Plans are underway to add more information to these webpages in an effort to better serve you. So please try our webpages out and give us your feedback. ❖

# School Health Issues

*By Shannon Fitzgerald, RN, MSN, ARNP*

**ARNP authorization for medication in schools**: At press time, Substitute House Bill 1650 was being heard in the Legislature. This bill would allow school nurses to accept orders written by ARNPs for medication to be given at school by non-nurse school personnel. Currently, school nurses may give medication themselves if the order was written by an ARNP but cannot delegate the task of medication administration to others unless the prescription was written by a physician. If passed, SHB 1650 would simply allow school nurses to handle orders received from ARNPs in the same manner as they do orders signed by physicians.

**Diabetes in Schools Task Force:** Work is nearly complete on a comprehensive set of guidelines to assist students, their families, health providers, and educators with the issues surrounding the management of diabetes in school settings. School nurses, pediatric endocrinologists, parents, the Nursing Commission, the Office of the Superintendent of Public Instruction, the American Diabetes Association, Mary Bridge Children's Health Center, Children's Hospital –Seattle, and experts on laws relating to special services in schools have been working on the details of the plan since 1997. Since the release of the Diabetes Control and Complications Trial (DCCT) in 1994, many more students with diabetes and their families have chosen intensive management of diabetes. The study clearly showed that patients who kept their blood sugars close to normal by frequent blood sugar monitoring, several daily insulin injections and lifestyle changes experienced a 60% reduction in the development and progression of retinopathy, nephropathy, and neuropathy – conditions familiar to readers of this newsletter.

Intensive management of diabetes impacts staffing plans for school health services. In an ideal world, all students would self-manage blood sugar testing, insulin injections, meals, snacks, and exercise. Independent diabetes management involves many steps, and planning for care includes such factors as the age of diagnosis, other concurrent conditions, and age and developmental stage. The ability of individual students to perform the tasks independently ranges from total dependence on others to complete independence, and since the goal is self-management, student abilities change as they learn more about the process. Adult supervision of some kind is frequently necessary to ensure that plans and regimens are being followed. Registered nurses may delegate some tasks to non-nurse school personnel, but state law allows only licensed individuals to pierce the skin for the blood glucose test and to give insulin injections when the student or his/her family is unable to perform these tasks. Many schools are not staffed full time with nurses or other licensed professionals, presenting local districts with challenges for meeting the needs of the students in a safe, cost-effective manner throughout the school day.

A primary goal of the Diabetes in the Schools Task Force is to present solutions regarding care planning for individual students to enable seamless transitions from home to school. The Nursing Commission has provided guidance to the committee through a series of advisory opinions and by working with the committee to identify the various steps of diabetes management to determine which personnel can legally and safely assist students. Central to the guidelines is a uniform set of orders and a care plan which will be adapted for each student, based on input from the physician, family, registered nurse at school, and other school personnel. Assessment and coordination by the school nurse is at the heart of the process, and the guidelines will serve as a care planning template.

An educational session has been planned through the Washington Interactive Television Network for Wednesday, May 26, from 3-6 PM. The conference will be offered at sites throughout the state and will include information about diabetes management, school law consideration, and nursing policy and scope of practice information. School nurses, other school staff, and interested persons are encouraged to attend. Registration information can be obtained by calling Abby Saxon, Children's Hospital-Seattle, (206) 527-5707. v

# Multi-State Licensure Through Mutual Recognition

*By Cheryl Payseno, RM, MPA*

It's a rainy day in Seattle - what else for the rainiest winter in recent record. You've been shopping for something special for dinner. Lean steak and garlic mashed potatoes are on the menu. You've prepared your husband's favorite dessert. You feel excited, happy and a little bit anxious. Your husband has been away for a few days – interviewing for a job in Nevada. If he gets the job, you, as a nurse, will be faced with an unfamiliar challenge – how to go about getting a nursing license in Nevada. How long will it take? What do you need to do? Where is my university transcript? Is it in the trunk stored at Mom's house? Is it in a box in the closet? Where is it? Does this require an original transcript from school? How much does a transcript cost and how long will it take? Questions race through your mind. If you don't have a Nevada license and can't work for weeks – maybe months – it could take a serious chunk out of your "House Down-Payment " fund …. and you've waited so long….

Under the *present* licensing system, answers to "how long?" and "how much?" are uncertain. At best it will take weeks – at worst, months. If the *proposed* Mutual Recognition licensing system were already in place in Washington and Nevada – the response would be very different. Relax, concentrate on arranging for the moving van and saying farewell to friends and family. When you arrive in Nevada you can go right to work. Within 30 days, give the Nevada Board a call to let them know you have moved to their state. The Nevada Board will take it from there. They will contact the National Council, find out that you are a nurse in good standing in Washington and they will change your "home" state to Nevada. The cost to you is about $15, payable to the National Council for checking their data system, NURSYS. It's as easy as that – *if* we had multi-state licensure through Mutual Recognition.

In order to achieve the benefits of Mutual Recognition, each state must enter an interstate compact that allows a nurse to practice in more than one state (similar to the driver's license model). Any state that is a "party state" agrees to recognize the license of a nurse from another party state.

The National Council is made up of Boards of Nursing from all states and U.S. territories. As a member board, Washington State has been actively evaluating the proposed Mutual Recognition model of licensing. Anticipated change begets questions. We have found answers to the majority of your questions – a few remain unanswered. We expect to find more questions, as well as more answers, as we move along. If we delay moving forward until we know *all* the answers to *all* the questions – that day will never come. (Medical science does not have all the answers to all health questions, but we still treat patients. We simply work out the answers as we proceed.) As a nation of nurses, we must proceed with the opportunity to significantly transform our licensing system into one that is capable of handling our changing health care system, advancing technology and the mobility of our citizens, including nurses.

The National Council has developed NURSYS - the first comprehensive national information system for nursing - to assist Boards of Nursing in sharing information more rapidly between states. *NURSYS and Mutual Recognition are happening at the same time but they are not directly connected*. Development of NURSYS began several years ago and will be implemented regardless of the outcome of Mutual Recognition. It is NURSYS, which enables the proposed Mutual Recognition model of licensing.

The National Council is building tight security controls into NURSYS at each phase of development. Making certain that the data system is developed so that information can be appropriately shared is top priority. The public will have access only to information presently available. Higher level access to information, including the outcome of disciplinary actions, is restricted to Nursing Boards.

With Mutual Recognition, states which have adopted the interstate Compact as "Party States" will have access to current investigative information about a nurse – to better protect the people in their states from problem nurses who now move from state to state to avoid penalty - seeking a "geographic cure." Currently, most Boards take action against a nurse's license based upon discipline from another state. With Mutual Recognition, disciplinary action against a nurse's license is limited to the home state. The nurse's *privilege to practice* may be impacted in the state where the patient was harmed. Action against a nurse's license or practice privilege will be available in another Compact State *only* if the nurse is practicing there.

While the Compact has no requirement that a nurse register in each state where a nurse practices, individual states may require registration. Registration may be one way to answer the question – "How will I know if a nurse is practicing in my state?" Washington State may consider this approach.

*(Continued on Page 18)*

## Multi-State Licensure Through Mutual Recognition

*(Continued from Page 13)*

The Compact has been designed to not limit or change the authority of each state. The Compact allows individual state laws to stay in effect except those specifically addressed in the Compact, such as access to information necessary for interstate licensing. The practice of nursing will remain a state decision. Nothing in the Compact will supersede a nurse's right to due process.

The Nursing Commission will continue to carefully evaluate the changing health care environment and will move cautiously forward with the expectation that we will endorse the mutual recognition model and propose legislation in Washington. We will continue to talk to nurses, professional nursing organizations, other stakeholder groups and the public.

As we prepare for the future, we must continue to protect our patients and our public; we must address the challenges of a national and world economy and the needs of our increasingly mobile society. Mutual Recognition will enable this important industry aspect.

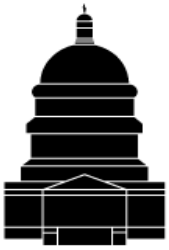
If you have comments or questions, please let us know. You can reach me or other members of the Nursing Commission by calling or writing. We would like to hear from you.

Cheryl Payseno, RN, MPA
Washington State Nursing Commission
PO Box 47864
Olympia WA 98504
(206) 439-5460
or e-mail: **cpayseno@halcyon.com** ❖

## Office Location and Hours

The Commission office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday except for designated state holidays.

The office is located at 1300 Quince Street SE, Olympia, Washington 98504-7864. Call (360) 236-4740 for recorded directions.



Correspondence only should be directed to PO Box 47864, Olympia, WA 98504-7864.

To ensure prompt processing, payments such as renewal fees or application fees should be sent to PO Box 1099, Olympia, WA 98507-1099. ❖

## LPN Corner

*By Roberta Schott, LPN*

Hello! My name is Roberta Schott and I am one of three LPN members on the Washington State Nursing Care Quality Assurance Commission. I live in Wenatchee with my husband David and my children: Ron (16), Rob (13), and Susie (7). My home away from home (otherwise known as work), is the General Surgery department of the Wenatchee Valley Clinic. In my spare time I am an Assistant Scoutmaster, baseball scorekeeper, T-ball Mom, micro-orchardist, walker, and a reader of great romance novels. As I tell my husband, idle minds are….well….idle!

Twenty years as an LPN has taken me through many challenging areas of nursing. From hospital OB/GYN and family planning to oral surgery and general surgery. I continue to take the opportunities to learn and expand my knowledge and skills as an LPN. My long-term goal is to one day be able to teach to PNs at the Wenatchee Valley College. LPNs are an integral part of the care process in any health care setting and can continue to meet the needs of employers in any arena. I am proud to be an LPN.

Being a Nursing Commission member has increased my understanding of nursing practice in our state and of nursing as a whole. The opportunity to learn about the legislative process as it relates to nursing practice and better care for the public is an eye opening experience. I highly recommend this experience to any nurse who cares about people and wants to help formulate change for better, safer, health care.

None of this would be possible if not for three little words I learned from my nursing instructor Ruth Scott, RN, "Adapt and adjust." These words have flitted through, not only my nursing life, but my everyday life, as well. So, whenever you meet a challenge, **adapt** your knowledge to the situation and **adjust** your thinking to how you can best **use** that knowledge to achieve the results you want. ❖

# License Renewals

Nurses frequently call the Nursing Commission office to inquire about license renewal procedures. Some of these calls occur because renewal notices were not received. Renewal notices are mailed 4-6 weeks prior to the birth date of the licensee to the address on file with the Nursing Commission office. Please note the following:

- **Please notify the Nursing Commission in writing of all address changes.**
- **A renewal notice is not necessary to process your license renewal.** If you do not receive a renewal card, send in the renewal fee ($50 or $100 if postmarked after your birth date) and make checks payable to the Department of Health with a letter stating your name, address, date of birth, license number and your profession, i.e. RN or LPN, to:

  Washington State Nursing Care
  Quality Assurance Commission
  P.O. Box 1099
  Olympia, WA 98507-1099

- **Approximately 80,000 renewal notices are generated for nurses and unfortunately not all are delivered.** Some are lost in the mail; some are returned undeliverable because the post office determined the licensee has moved; state mail is not automatically forwarded even if you have filed a change of address with the post office.
- **Name change requires documentation**. Submit a copy of your marriage certificate, divorce decree or court document along with your renewal.
- **Renewal date coincides with your birth date.** As with other health care professions, the nursing law gives the nurse the responsibility to ensure that his/her license is renewed by the expiration date.
- **Renewals in person are NOT quicker.** If you have waited until the last minute to renew your license, you may come to the Olympia Office to renew your license. However, you will **NOT** receive your license that day and it will be mailed to you. Written verifications cannot be given at the counter. We are not able to verify renewals mailed in late, last minute, or by counter.
- **Employers are encouraged to establish a log showing they have viewed the license with the name, license number and name of the verifier.** Employers should demand to see the **original** license, not a copy.
- **The Automated Verification System number is (360) 664-4111.** Call this number to verify renewals or licensure status. Be sure to obtain the license number from the licensee prior to calling the Automated Verification System. ❖

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# Who Can Determine And Pronounce Death?

RNs, LPNs ? If you are a licensed nurse in the State of Washington, do you know if this activity is within your scope of practice?

WAC 246-840-830 clearly states “A registered nurse may determine and pronounce death...”. This regulation provides direction to registered nurses on when they may conduct this activity along with additional requirements which must be in place at the time of patient death.

The Nursing Commission recently learned that some licensed practical nurses are pronouncing death. In one case, an LPN told a family that a team of two LPNs or an RN were permitted to pronounce death in their facility. It is beyond the scope of practice for licensed practical nurses to determine and pronounce death. All licensed nurses are advised to familiarize themselves with this regulation which is found in the booklet THE LAW RELATING TO NURSING CARE, 18.79 RCW. (March, 1998 edition) ❖

# Renewals

The majority of our hundreds of telephone calls per day are regarding the renewal process. Your assistance is appreciated in following these simple steps.

**Step Before you send your license renewal, complete these important steps:**

1. Write your name and address on a blank piece of paper with your social security number and/or license number. Place inside your mailing envelope along with your check made payable to Department of Health: (If envelope postmark is dated after your birthday, you are considered late. There are no exceptions.)

   Nursing Assistant: ..... $20.00 ..... Late: ..... $40.00
   RN/LPN: ..... $50.00 ..... Late: ..... $100.00

2. Correct address on envelope should read**:**
   Nursing Commission
   PO Box 1099
   Olympia, WA 98507.
   Check or money order made payable to: Department of Health

3. Send your renewal at least three weeks before your birthday. The turn around time is approximately three weeks.

**Before you contact the Renewal Unit about the status of your renewal:**

1. Wait 10 working days from the time you sent your check or money order to contact us about a missing license.

2. Contact the bank or place of business you purchased the check/money order from to find date cleared. Have this date ready to relay to renewal desk. (We cannot accept cash.)

3. Know the correct telephone extension.
   Automated Verification Line: .....(360) 664-4111
   License Renewal: ..... (360) 236-4703
   ARNP Renewal: ..... (360) 236-4707
   We do not have Voice Mail. Please continue to ring until we answer. Calls will be answered in order. ❖

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# Volunteers Needed For The Red Cross

*By Pierce Wu*

Always on alert, the American Red Cross assists the victims of some 60,000 disaster annually. Emergencies range from family house fires to the massive devastation wrought by earthquakes, floods, and hurricanes. Last year, volunteers at Seattle-King County Chapter responded to 177 disaster incidents and assisted 749 victims.

Since the early days of the Red Cross, nurses have played vital roles in coping with health care needs when disaster strikes. Red Cross nurses are involved with shelter nursing, health consultation, liaison with local medical authorities, and follow-up with lost medications and medical equipment.

By volunteering you will be making an important contribution to the tens and thousands of people who rely on the help of the American Red Cross. When you sign up for one of the exciting opportunities at your local Red Cross Chapter, you'll be part of a large community of volunteers who are acting on their deep commitment to relieve pain and suffering. Red Cross volunteers are changing the world through their dedication and compassion.

As an RN or LPN or EMT, you have valuable skills and talents that can help the Red Cross help others. In return, the Red Cross will provide you with exciting new experiences you won't find anywhere else as well as opportunities to expand your professional expertise. Join the thousand of nurses like you who are looking for new and exciting ways to put their skills to work where they make a real difference. The American Red Cross will always be there when help can't wait. We need you now. To volunteer please contact Office of Volunteers at (206) 726-3562. ❖

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**To ensure receipt of your annual renewal notice and other timely information, please keep the Nursing Commission informed of any change in your name or address.**

## Name and/or Address Change Form

(Please type or print in ink)

***A change in name must be accompanied by a photocopy of the marriage certificate, the divorce decree, or the court-ordered name change (whichever is applicable).**

License # _____ Social Security # _____

q RN

q LPN

q NAC

q NAR

**Old Information:**

Name _____

Address _____

_____

**Changes:**

Name* _____

Address _____

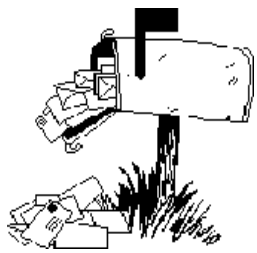
_____

Effective Date _____ Signature _____

A licensee's address is open to public disclosure under circumstances defined in law, RCW 42.17. The address the Commission has on file for you is used for all mailings, renewal notification and public disclosure.

Send completed form to the commission office by folding, taping and placing postage on the reverse side of this page, which is pre-addressed, or by sending to:

Nursing Commission
P.O. Box 47864
Olympia, WA 98504-7864



Fold Here

Place Postage Here

**NURSING COMMISSION**
**PO BOX 47864**
**OLYMPIA WA 98504-7864**

Fold Here

Tape Here

# Telephone List

**Please Note All area codes are 360 unless designated otherwise**

## Administration

Paula Meyer, Executive Director ..... 236-4713
Kris McLaughlin, Secretary ..... 236-4713

## Licensing

Terry J. West, Health Administrator ..... 236-4712
Licensing System
- Applications (RN & LPN) ..... 236-4740
- Examination ..... 236-4740
- Renewals ..... 236-4740
- Endorsement ..... 236-4740
- Nursing Assistant ..... 236-4740
- Verification ..... FAX 360 586-5935
- Correspondence ..... FAX 360 236-4738

## Education

Joan Reilly, Education Manager ..... 236-4709

## Disciplinary Hearings, RN & LPN

Trent Kelly ..... 236-4710
..... (206) 389-2984
Karl Hoehn ..... 236-4717
..... (206) 389-3035
Legal Secretary ..... 236-4719

## Practice and Discipline, RN & LPN

Complaint Intakes, RN & LPN ..... 236-4727
Complaint Investigations, Inquiries, RN & LPN ..... 236-4726
Disciplinary Order Compliance, RN ..... 236-4723
Disciplinary Order Complaince, LPN ..... 236-4721
Discipline questions (process and orders) ..... 236-4723
Jeanne Giese, Manager ..... 236-4728
Advisory Opinions, practice issues ..... 236-4724

## Nursing Assistants, Practice & Discipline

Compliance, Nursing Assistants ..... 236-4715
Discipline/Investigation, Nursing Assistants ..... 236-4716
Jo Waidely, Manager ..... 236-4718

## Nursing Pools

Terry West, Health Administrator ..... 236-4712 ❖

# 1999 Nursing Commission Meeting Schedule

The following table indicates the remaining 1999 meeting dates and locations. You are welcome and strongly encouraged to attend. Each business meeting is open to the public and most of the disciplinary hearings are open to the public. A portion of every business meeting is devoted to open mike time so that you may address any areas of concern or interest with the Nursing Commission members. The meetings are of interest to all nurses because of the variety of topics including: advisory opinions, upcoming rules, current health related issues, areas of discipline, emerging health trends, etc. For a copy of any agenda or to check on the exact time and location of a meeting, call (360) 236-4713. We hope to see you at an upcoming Nursing Commission meeting.

**May 20, 21, 1999 ..... Department of Health Conference Center**
May 20 - Hearings ..... 1101 South Eastside Street, Olympia, WA 98504
May 21 - Business ..... 1101 South Eastside Street, Olympia, WA 98504

**June 29, 1999 ..... Department of Health Conference Center**
June 29 - Hearings ..... 1101 South Eastside Street, Olympia, WA 98504

**July 22, 23, 24, 1999 ..... Department of Health Conference Center**
July 22 - Business ..... 1101 South Eastside Street, Olympia, WA 98504
July 23, 24 - Workshop ..... 1101 Eastside Street, Olympia, WA 98504

**August 24, 1999 ..... Department of Health Conference Center**
August 24 - Hearings ..... 1101 South Eastside Street, Olympia, WA 98504

**September 30, Oct 1, 1999 ..... Spokane Airport Ramada**
September 30 - Hearing ..... Spokane Airport, Spokane, WA 99219
October 1 - Business ..... Spokane Airport, Spokane, WA 99219

**November 18, 19, 1999 ..... Pacific Lutheran University**
November 18 - Hearings ..... Tacoma, WA 98447
November 19 - Business ..... Tacoma, WA 98447 ❖